

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033597

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 213

FILED OCT 2 1962

1. PLACE OF DEATH

a. COUNTY

Cudrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mexico

Length of stay in lb
2 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Allen Nursing Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Callaway

c. CITY OR TOWN Fulton

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
712 Bluff St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Jona

Maggie

Suhre

4. DATE OF DEATH

Month

Day

Year

Sept. 23,

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-18-92

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waitress

10b. KIND OF BUSINESS OR INDUSTRY

School

11. BIRTHPLACE (City and state or country)

Montgomery Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas Walter Owen

13b. MOTHER'S MAIDEN NAME

Annie Whittman

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Emitt R. Owen, Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic disease Cervical Spinal Cord

INTERVAL BETWEEN ONSET AND DEATH

4 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Adenocarcinoma Breast

DUE TO (c)

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-20-62 to 9-23-62 and last saw her alive on 9-23-62

Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold Sanford MD

22b. ADDRESS

Union, Mo.

22c. DATE SIGNED

9-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-25-62

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Cemetery

23d. LOCATION (City, town, or county)

Fulton,

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Manhin Funeral Home, Fulton, Mo.

25. DATE RECD. BY LOCAL REG.

Sept 26-1962

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITTEN RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

VS 300
Rev. 4/59

10047
20147
3
4 1
5 2
6
7 0
8 2
9 170X
10
11
12 86-0
13 2-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

7961 8 100

Permit obtained
9-23-1962
B.N.

2961 6 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.